

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-34858
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Gem, 8705 JV-P
8. Well No.	10
9. Pool name or Wildcat	Teas, Delaware 96797

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	
2. Name of Operator BTA Oil Producers	
3. Address of Operator 104 S. Pecos; Midland, TX 79701	
4. Well Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>20S</u> Range <u>33E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3580	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: Extend Permit to Drill ☒	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

BTA Respectfully requests your office extend, until January 21, 2002, our Permit to Drill the referenced location.

Potash Lessee: Mississippi Potash, Inc.
P. O. Box 101
Carlsbad, NM 88220

Surface Lessee: Kenneth Smith, Inc.
P. O. Box 764
Carlsbad, NM 88220

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Pam Inskeep TITLE Regulatory Administrator DATE 05/21/01

TYPE OR PRINT NAME Pam Inskeep

TELEPHONE NO. (915) 682-37

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: